## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

H99111

(7)

ALL FLORIDA, INC.

**FILED** Feb 11 1997 8:00am Secretary of State



District Dis										
Principal Place of Business Mailing Address						* ******* ***** (***** ***** (**** (****		( 418t) <b>818</b> 11		
3335 N. EDGEWOOD AVE. JACKBONVILLE FL 32254			P. O. BOX 37327 JACKSONVILLE FL 32236-7327							
US	L I C OLEGY	US	L 02200-1321							
						3. Date Incorporated or Qualified	3a. Date		eport	
2 Principal D	lace of Business	2a Mailina Addro	2a. Mailing Address			<b>UZ/12/1986</b> <b>4.</b> FEI Number	02/12/1986 03/20/1996			4
<del></del>			ig Address						oplied For of Applicable	-
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			- \$8.75 Additional				4
22		27	٦			5. Certificate of Status Desired		Fee Re		
City & State	e	City & State	City & State			6. Election Campaign Financing		\$5.00	May Bo	1
23		28	8			Trust Fund Contribution	<b>₽</b>	Added t		
Zip	Country	Zip	ip Country			8. This corporation has liability for i			. 199.032,	1
24					Florida Statutes Yes 🖵 No					
ļ	9. Name and Address of Currer	nt Registered Agent		041		10. Name and Address of New Re-	gistered Ag	ent	<del></del>	4
WA	TERS, JAMES L.			<b>81</b> Na	me					
53 MITCHELL AVE.					eet Addr	ess (P.O. Box Number is Not Acceptab	le)			1
ORANGE PARK FL 32073				02						4
				B3						1
				84 Cit	у			<b>85</b> Zip (	Code	1
74 B	4.6	007,4500,51	- CI-1 ( 1)	<u> </u>			FL			-
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obligation.	e of Florida. Such chang aliens of, Section 607.0	a Statules, me a je was aulhorize 1505, Florida Sta	d by the tutes	corporati	oration submits this statement for the p ion's board of directors. I hereby accep	it the appoin	tment as	registered	
SIGNATURE	Signature, typed or printed natice of registered are		ANIZATI E			ed when reinstating)	DATE			
12.	OFFICERS AN		13.	er region, sign	a.uie regun	ADDITIONS/CHANGES TO OFFIC		RECTOP	S IN 12	10
TITLE	Ρ	DEI		IILE	1			Change	Addition	-  0 0
NAME	WATERS, JAMES L.		12 N	AME						5
STREET ADORESS	53 MITCHELL AVENUE		135	TREET ADDR	SS					8
CITY-ST-ZIP	ORANGE PARK FL		1.4 0	TY-ST-ZIP						ြင်
TITLE	8	DEL	.EIE 21T	ITLE .				Change	Addition	
NAME	waters, linda l		2?N	AME						
STREET ADDRESS	53 MITCHELL AVENUE		23S	TREET ADOR	SS					İ
CITY-ST-ZIP	ORANGE PARK FL			OTY - \$1 - 20P						
TITLE	V	<b>∐</b> } DEL	FIE 3.11	11LE	ν		پرا	Change	Addition	
NAME	MORGAN, JIMMY V., JR.		3.2 N	AML	Me	orris, Ronald L.				
STREET ADDRESS	10522 TIMBER CREEK LANE		3.3 S	TREET ADDR	iss   10	0620 Villanova Roc	ıd			
CITY-ST-ZIP	JACKSONVILLE FL			ITY ST-ZIE	20	acksonville, FL				_
TITLE		☐ DEI				•	L	Change	Addition	
NAME		•	4 21							
STREET ADDRESS			4	TREET ADDR	:SS					
CITY-ST-ZIP		T or i		ITY-ST-ZIP				Change	Addition	-
TITLE		☐ D€ l	į				L	Change		
NAME			5.2 N							
STREET ADDRESS				IREET ADOR	SS					
CITY-ST-ZIP		DEL		(1Y - ST - ZIP	-			Channa	Addition	-
TITLE		pro					L	Change	LI Addition	
NAME PERFECT ADDRESS			62 N		ee i					İ
STREET ADDRESS				TREET I ADDR	:55					
CITY-ST-ZIP			640	11Y - ST - 7IP						┙

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or file receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, by on an attachment with an address.